Approved, SCAO OSM CODE: GAL, LPH, OMP

STATE OF MICHIGAN PROBATE COURT COUNTY

ORDER APPOINTING PHYSICIAN/VISITOR/ MENTAL HEALTH PROFESSIONAL

FILE NO.

CIRCUIT COURT - FAMILY DI	VISION		
In the matter of		, 🗆	an alleged incapacitated individual an individual alleged to need protection
1. Date of hearing:	Judge:		
2. A petition to appoint a guard			Bar no.
1 11 3			
Date	Time	Location	·
3. It appears to the court that	☐ an examining physician☐ a visitor☐ an examining mental heal		d be appointed.
4. IT IS ORDERED:			
Name (type or print)		is appointed	examining physician visitor
Address			examining mental health professional
City, state, zip	Telepho	one no.	
for the proceedings on the a	ttached petition.		
5. ☐a. The visitor shall file a w	ritten report with recommenda	ations on or before the hea	ring specified in item 2.
□b. The physician or menta hearing specified in iter		a written report with recom	mendations at least five days before the
☐ 6. The physician/visitor/men	tal health professional shall be	present at the hearing spe	ecified in item 2.
Date		Judge	

Do not write below this line - For court use only